

CEMETERY AND FUNERAL PROGRAM

P. O. Box 989003 WEST SACRAMENTO, CA 95798-9003 (916) 327-3219



Application for Certificate of Registration as an Apprentice Embalmer

The following MUST accompany the application:

- 1. TOTAL FEE REQUIRED: \$116.00 (Not refundable) Which includes:
 - a. Application fee-\$60.00
 - b. Fingerprint Processing fee—\$56.00. (2 cards must be properly completed and submitted, unless previously submitted)
- 2. Copy of high school diploma (Unless previously submitted). If G.E.D. test/results are to be used in lieu of high school diploma, an equivalency certificate must be first obtained from the Department of Education's G.E.D. section and included with the application.

For Office Use Only				
Fees	Receipt No			
Registration Number				

The following information is required under Sections 7661,7662, and 7663 of the Business and Professions Code. All items of information requested are mandatory. Failure to provide the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualifications for registration. The official for the maintenance of the information is the Program Chief, Cemetery and Funeral Program. The information may be transferred to other governmental agencies and/or law enforcement agencies.

The individual has the right to review the files or records maintained on them by the agency. The records are identified as confidential information and exempted in Section 1798.17 of the Information Practices Act.

PRINT OR TYPE

PRINT OR TYPE								
Name of Applicant:	Last	First	Middle			Are you over the ag	•	rs?
						Yes	No	
Residence Address:	Number and S	treet	City	State	Zip Code	Phone No. (Residen	ce)	
						()		
Name of Employer (Firm Name)					Funeral Establishme	ent's Licens	se No.
1 171	,							
Address of Firm:	Number and S	treet	City	State	Zip Code	Phone No. (Busines	(e)	
riddiess of Fifth.	rvanioer and E	Arcer	City	State	Zip code	()	3)	
22 22						,		
Name of Supervising	Embalmer					Embalmer's License	No.	
Name of High School	l Attended					Year Graduated (HS	5)	
Address of High Sch	ool			Social Securit	y Number	Date of Birth		
					•			
Are you now a stude	nt at a Californi	a Approved Co	llege of Embalming	or have you suc	cossfully completed	I the required educatio	n? Yes	No
Are you now a stude.	nt at a Camoni	a Approved Co.	nege of Embanning	, or have you suc	cessiumy completee	i the required educatio	11: 105	110
Name of Embalming	College					Date of Completion		
Do you hold an emba	almer's license i	n another state)				Yes	No
Do you hold an embalmer's license in another state? Yes No (If licensed in more than one state, attach a list of such states including the following information)								
If answer is YES: D	ate of Evamina	tion:	State:	Date license	was issued:	License No.:		
Have you ever taken						License 140	Yes	No
_				buillers needse.			103	110
If answer is YES: D Are you now register	oate of Examina	tion:	Grade:		:d d G		- X7	N.T.
Are you now register	ed, or have you	ever been regis	tered, as an appren	tice embalmer wi	ith the State of Calif	ornia?	Yes	No
If answer is YES: C			Effective Date:					
Have you ever been							Yes	No
						nolo contendere is deeme		
						ection 1203.4 of the Pena nissing the accusation, in		
indictment. If answer	•	•		-	• •	missing the accusation, in	tormation or	
			•			TE OF CALIFORNI	<u> </u>	THE
I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.								
ADOVESTATEM	IENIO AKE I	RUE AND C	OKKECI.					
Signature					Date			
-								

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CERTIFICATE OF FUNERAL ESTABLISHMENT

We (Firm Name)	holder of Funeral Establishment
license No, h	ereby certify under penalty of perjury under the laws of the State of California that
	is employed as an apprentice in the art of embalming in the above
establishment, and upon issuance of a	Certificate of Registration as an apprentice embalmer, under the supervision of
	, who is employed as a full time embalmer in this establishment as of this date, and
is holder of Embalmer License No	
We also certify that we have been app	roved to train apprentices for the current year. We further certify that any changes
affecting apprenticeship of said applic	ant will be promptly reported to the Cemetery and Funeral Program.
Date	Signature
Place	Title
CERT	TIFICATE OF SUPERVISING EMBALMER
I,	, licensed at least two years in the State of California,
immediately preceding the date of this	application and holder of Embalmer's License No hereby
certify under penalty of perjury under	the laws of the State of California, that
will be employed as an apprentice eml	balmer under my supervision upon the issuance of a Certificate of Registration as
an apprentice embalmer. I further cert	tify that any changes affecting apprenticeship will be promptly reported to the
Cemetery and Funeral Program.	
Date	
Place	Signature (Supervising Embalmer)
	RTIFICATE OF EMBALMING COLLEGE pleted by embalming college only if applicant will be a student apprentice)
We,	, hereby certify that
is attending this mortuary college.	nis mortuary college beginning (date)
Date	Signature
	College Official)
	Title
	· ·
If a student apprentice is working a 40	hour week, not consecutive, and wished to receive credit for his or her ervising embalmer must sign below, thereby certifying that the apprentice is a full
Signature	Signature
(Employer)	(Supervising Embalmer) (Rev. 6/99)